


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90040 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V58290**

1. Corporation Name  
**FLORIDA MARLINS OF BREVARD, INC.**



Principal Place of Business 2267 NW 199TH ST. MIAMI FL 33056	Mailing Address 2267 NW 199TH ST. MIAMI FL 33056
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	450 E LAS OLAS BLVD	26	450 E LAS OLAS BLVD	08/18/1992	
Suite, Apt. #, etc. 22 1500		Suite, Apt. #, etc. 27 1500		4. FEI Number 65-0354089	
City & State 23 FT LAUDERDALE FL		City & State 28 FT LAUDERDALE FL		Applied For Not Applicable	
Zip 24 33301		Country 25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERICAN INFORMATION SERVICES, INC. 1 SE 3RD AVENUE 27TH FLOOR MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUIZENGA, WAYNE H	1.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1500	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROWSKI, DAVID M	2.2 NAME	
STREET ADDRESS	2267 NW 199TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	2.4 CITY-ST-ZIP	
TITLE	VTS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINER, JONATHAN D	3.2 NAME	
STREET ADDRESS	2267 NW 199TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILEY, DONALD A	4.2 NAME	
STREET ADDRESS	2267 NW 199TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, RICHARD C	5.2 NAME	PD ROCHON RICHARD C
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1500	5.3 STREET ADDRESS	450 E LAS OLAS BLVD STE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BRANDEN, CRIS, V
STREET ADDRESS		6.3 STREET ADDRESS	450 E LAS OLAS BLVD STE 1500
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CRIS V. BRANDEN VTS 4/27/99 954-627-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)